

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19513**  
Registrar's No. **5658**

FILED JUN 30 1943 8  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St Louis**  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Home 4455 West Belle**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **47 years** years, months or days)

3. (a) PRINT FULL NAME **Harvey Davis**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Princy Davis** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 86** hr. min.

9. Birthplace **Shelbyville Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Realestate Buis**

11. Industry or business \_\_\_\_\_

12. Name **George Davis**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Slaughter Davis**  
(b) Address **4346 Thinsiger Road**  
17. (a) **Removed** (b) Date thereof **June 21-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisville Kentucky**

18. (a) Signature of funeral director **J. W. Hughes**  
(b) Address **2620 Lawton**

19. (a) **JUN 21 1943** (b) **J. F. Bruck**  
(Type received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4455 West Belle Pl**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18** year **1943** hour **12:30** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 14** 19**42** to **June 19** 19**43**  
that I last saw him alive on **June 18** 19**43**  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Walled Heart Dis**  
**Hypertension**  
**Chronic Bronchitis**  
**Diabetes Mellitus**  
**Tangreen**  
Due to \_\_\_\_\_ 3 yr  
Due to \_\_\_\_\_ 6 mo  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **61**  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Daniel P. Stafford** (M. D. or other)  
Address **925 N Jefferson St** Date signed **6/21/43**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*Lyda Hughes*

Licensed Embalmer No. ....

*2938*

P. O. Address.....

*St Louis mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**